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|--|--|---|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>  |  | Attorney Docket No. <b>04303/0200051-US0</b>  |
|  |  | First Inventor <b>Louay Jalloul</b>   |
| Title <b>ADAPTIVE SEARCHER THRESHOLD SETTING<br/>USING CONSECUTIVE ISCP MEASUREMENTS</b>   |  |   |
|  |  | Express Mail Label No. _____  |
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   |  | MS Patent Application<br>ADDRESS TO: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages <b>18</b>]</span><br/><i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets <b>3</b>]</span></p> <p>5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets <b>3</b>]</span></p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s)<br/>named in the prior application,<br/>see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____</p> <p><i>Prior application information: Examiner _____ Art Unit: _____</i></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> |  |   |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |   |
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/>Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>  |  |   |

|   |  |           |   |          |                    |
|---|--|-----------|---|----------|--------------------|
| <b>19. CORRESPONDENCE ADDRESS</b>                                 |  |           |   |          |                    |
| <input checked="" type="checkbox"/> Customer Number: <b>38881</b> |  | OR        | <input type="checkbox"/> Correspondence address below |          |                    |
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|                   |                         |  |                                   |                   |
|-------------------|-------------------------|--|-----------------------------------|-------------------|
| Name (Print/Type) | Laura C. Brutman        |  | Registration No. (Attorney/Agent) | 38,395            |
| Signature         | <i>Laura C. Brutman</i> |  | Date                              | December 30, 2003 |

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

|                                |                               |                            |                          |
|--------------------------------|-------------------------------|----------------------------|--------------------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> <b>028.00 968</b> | <b>Attorney Docket No.</b> | <b>04303/0200051-US0</b> |
|--------------------------------|-------------------------------|----------------------------|--------------------------|

| METHOD OF PAYMENT (check all that apply)   |   |                         |          |  | FEE CALCULATION (continued)       |                   |              |                |                 |  |   |   |  |  |  |
|--|---|-------------------------|----------|--|-----------------------------------|-------------------|--------------|----------------|-----------------|--|---|---|--|--|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account:  |   |                         |          |  | <b>3. ADDITIONAL FEES</b>         |                   |              |                |                 |  |   |   |  |  |  |
| Deposit Account Number   |   | 04-0100                 |          |  | Large Entity                      |                   | Small Entity |                |                 |  |   |   |  |  |  |
| Deposit Account Name   |   | Darby & Darby P.C.      |          |  | Fee Code                          | Fee (\$)          | Fee Code     | Fee (\$)       | Fee Description |  |   |   |  |  |  |
| <p>The Director is authorized to: (check all that apply)</p> <table> <tr> <td><input type="checkbox"/> Charge fee(s) indicated below</td> <td><input checked="" type="checkbox"/> Credit any overpayments</td> </tr> <tr> <td><input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</td> </tr> </table> |   |                         |          |  |                                   |                   |              |                |                 | <input type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Credit any overpayments | <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) |  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. |  |
| <input type="checkbox"/> Charge fee(s) indicated below   | <input checked="" type="checkbox"/> Credit any overpayments |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)  |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <b>FEE CALCULATION</b>   |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <b>1. BASIC FILING FEE</b>   |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| Large Entity   |   | Small Entity            |          | Fee Description  |                                   | Fee Paid          |              |                |                 |  |   |   |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code                | Fee (\$) |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1001   | 770   | 2001                    | 385      | Utility filing fee   | 770.00                            |                   |              |                |                 |  |   |   |  |  |  |
| 1002   | 340   | 2002                    | 170      | Design filing fee  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1003   | 530   | 2003                    | 265      | Plant filing fee   |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1004   | 770   | 2004                    | 385      | Reissue filing fee   |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1005   | 160   | 2005                    | 80       | Provisional filing fee                                     |                                   |                   |              |                |                 |  |   |   |  |  |  |
| SUBTOTAL (1)   |   | (\$)                    |          | 770.00   |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>   |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| Total Claims   |   | 24                      | -20** =  | 4  | x                                 | 18.00             | =            | 72.00          |                 |  |   |   |  |  |  |
| Independent Claims   |   | 4                       | -3** =   | 1  | x                                 | 86.00             | =            | 86.00          |                 |  |   |   |  |  |  |
| Multiple Dependent   |   |                         |          |  |                                   |                   | =            |                |                 |  |   |   |  |  |  |
| Large Entity   |   | Small Entity            |          | Fee Description  |                                   | Fee Paid          |              |                |                 |  |   |   |  |  |  |
| Fee Code   | Fee (\$)  | Fee Code                | Fee (\$) |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1202   | 18  | 2202                    | 9        | Claims in excess of 20                                     |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1201   | 86  | 2201                    | 43       | Independent claims in excess of 3                          |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1203   | 290   | 2203                    | 145      | Multiple dependent claim, if not paid                      |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1204   | 86  | 2204                    | 43       | ** Reissue independent claims over original patent         |                                   |                   |              |                |                 |  |   |   |  |  |  |
| 1205   | 18  | 2205                    | 9        | ** Reissue claims in excess of 20 and over original patent |                                   |                   |              |                |                 |  |   |   |  |  |  |
| SUBTOTAL (2)   |   | (\$)                    |          | 158.00   |                                   |                   |              |                |                 |  |   |   |  |  |  |
| ** or number previously paid, if greater; For Reissues, see above  |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| <b>SUBMITTED BY</b> <i>Laura C. Brutman</i> <span style="float: right;">(Complete if applicable)</span>  |   |                         |          |  |                                   |                   |              |                |                 |  |   |   |  |  |  |
| Name (Print/Type)  |   | Laura C. Brutman        |          |  | Registration No. (Attorney/Agent) | 38,395            | Telephone    | (212) 527-7664 |                 |  |   |   |  |  |  |
| Signature  |   | <i>Laura C. Brutman</i> |          |  | Date                              | December 30, 2003 |              |                |                 |  |   |   |  |  |  |

Express Mail Label No.

Dated: \_\_\_\_\_

Application No. (if known):

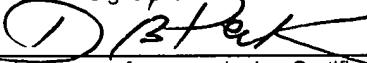
Attorney Docket No.: 04303/0200051-US0

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Fee Transmittal (1 page);  
Check No. 3732 in the amount of ~~\$66.00~~ \$968

Utility Patent Application Transmittal (1 page)  
Specification including Claims 1-24 and an Abstract (18 pages)  
Drawings (3 sheets; Figs. 1-3)  
Oath or declaration (3 pages)  
Application Data Sheet (2 pages)  
Information Disclosure Statement  
Form PTO/SB/08A with Three (3) References  
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*Assignment & Recordation cover sh. (2) pg*